12/26/90

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BACTERIOLOGICAL ANALYSIS REPORT - CONTAMINANT ID#3100

PWSID#	PUBLIC WATER SYSTEM NAME	TOWN/CITY	LABORATORY NAME & ID#*
1191000	MONSON WATER AND SEWER DEPARTMENT	MONSON, MA	STL WESTFIELD / MA 014

SAMP TYPE	LAB SAMP ID #	DEP APPROVED SAMPLE SITE CODE#	LOCATION	COLLECTION DATE	COLLECTION TIME	ANALYSIS DATE	TCM CODE#	TOT COLIFORM/ 100mL**	FC/ECM CODE#	FECAL - E. COLI 100mL**	CHLOR. RES. OR HPC/mL	SAMPLE COLLECTED BY:
RS	360-1028-1	001	GATE HOUSE	1/10/06	9:45	1/10/06	309	A	406	A	NA	MURPHY
RS	360-1028-2	003	MIDDLE SCHOOL	1/10/06	10:00	1/10/06	309	A	406	A	NA	MURPHY
RS	360-1028-3	009	M.D.C. METER BUILDING	1/10/06	10:12	1/10/06	309	A	406	A	NA	MURPHY
RS	360-1028-4	007	FIRE STATION	1/10/06	10:39	1/10/06	309	A	406	A	NA	MURPHY
RS	360-1028-5		BUNYAN RD. WELL	1/10/06	10:20	1/10/06	309	A	406	A	NA	MURPHY
RS	360-1028-6		PALMER RD. WELL	1/10/06	10:29	1/10/06	309	A	406	A	NA	MURPHY

SAMPLE TYPE KEY
RS - ROUTINE SAMPLE
RO - ORIGINAL SITE REPEAT
UR - UPSTREAM REPEAT
DR - DOWNSTREAM REPEAT
AR - ADD. REPEAT (DIST SYSTEM)
RW - RAW WATER
SS - SPECIAL
PT - PLANT TAP SAMPLE

TOTAL COLIFORM METHOD (TCM)	CODE #	FECAL COLIFORM METHOD (FCM)	CODE #
MF	3 0 3	EC	400
MTF	3 0 5	SWTR-MFC	401
P-A	3 0 7	raw water	
ONPG	3 0 9	MMO-MUG	406

REMARKS:

NA = Not Available

PREPARED BY: Karen Perry (LAB USE) DATE: 1-13-06

APPROVED BY: Chris Reynolds (LAB USE) DATE: 1-18-06

APPROVED BY: (DEP USE) DATE:

* LAB ID# ASSIGNED BY STATE CERTIFICATION PROGRAM

** CAN BE EXPRESSED AS #/100ML, PRESENT(P), ABSENT(A), OR TOO NUMEROUS TO CONT(TNTC)

COPY 1: COPY TO DEP REGIONAL OFFICE; COPY 2: OWNER COPY; COPY 3: LAB COPY